

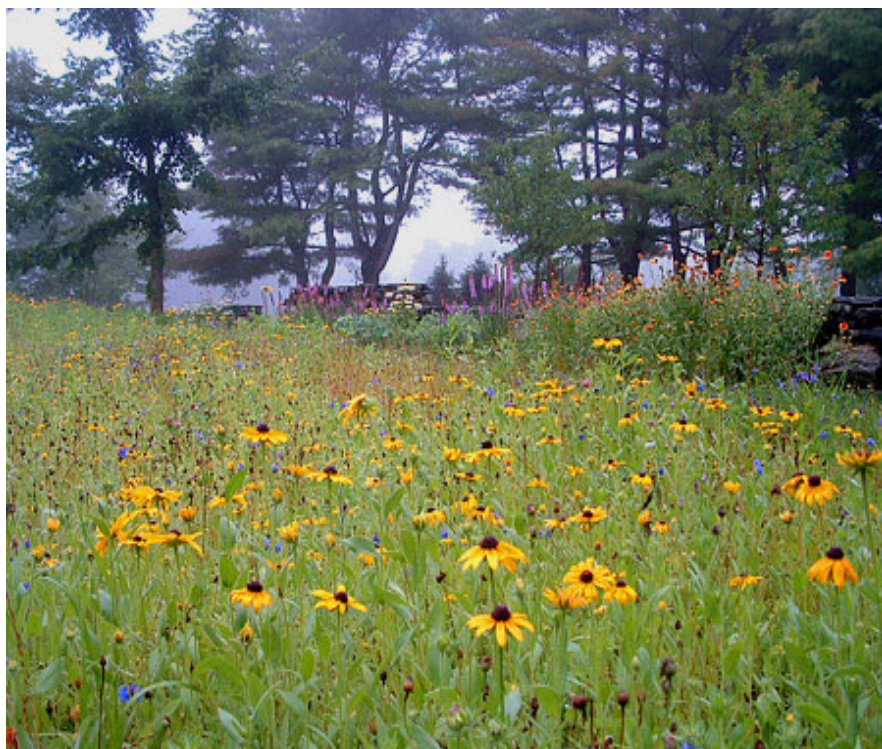
New Hampshire Board of Nursing

Official Publication of the New Hampshire Board of Nursing

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Online Volume 8 Number 8

**OFFICIAL
ON-LINE
NEWLETTER
PUBLICATION
OF
THE
NEW HAMPSHIRE
BOARD OF NURSING**



Save The Date ...

**NH Board of Nursing
LNA Day of Discussion**
June 18, 2012
8:30 am – 12:30 pm

Day of Discussion for Nursing
June 22, 2012
8:00 – 12:00 p.m.
(Registration form on page 16)

NEW HAMPSHIRE BOARD OF NURSING

Contact Us:

21 S. Fruit St., Ste 16

Concord, NH 03301

603-271-2323 (Nursing)

603-271-6282 (LNA)

www.nh.gov/nursing

The mission of the Board of Nursing is to safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the state of New Hampshire from the unauthorized, unqualified and improper application of services by individuals in the practice of nursing.

Board Members

Robert A. Duhaime, MBA, RN
Chairperson

Karen L. Baranowski, DNSc, RN
Vice-Chairperson

Sharon Dyer, LPN

Harley Featherston,
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Kitty Kidder, APRN, MSN, APRN-CS

Brenda Libby, LNA

Cynthia Smith, LNA

James Kuras, Public Member

FROM THE EXECUTIVE DIRECTOR**by Denise Nies, MSN, RN, BC**

Greetings to everyone and Happy Spring! With about 3 months on the job, I have been simultaneously learning and functioning as the new Executive Director. Margaret Walker left some pretty big shoes to fill and I can only hope to accomplish half of what she has done over the past 9 years. And so... my first column is dedicated to Margaret.

Margaret Walker is to be admired for her achievements, both personal and professional. She began her career as an LPN, returned to school to achieve an ADN degree followed by a Bachelor of Science from UNH Nursing Program. She worked in a variety of capacities that included a focus on regulations and standards. That experience well prepared her for the work she did at the Board on Nursing, first as a program specialist and then as Executive Director. With an MBA completed, she began her tenure of administrative oversight and regulation of NH nurse licensees. During this tenure, she achieved her Doctorate in Educational Leadership. Margaret shared with me some highlights of what she, the board and the office staff were able to accomplish. These include:

- Finalization of the Nurse Practice Act at a time of great political duress and challenge.
- Implementation of the Nurse Licensure Compact in the state as well as criminal background checks as a process for all licensees.
- Implementation and management of the Road 2 Recovery Program for licensees suffering from addiction.
- Successful work to repeal the Joint Health Council Legislation.
- Processes solidified for the nursing assistant registry.
- Clarification of the definition of the term “nurse”.
- Expansion of the website information for licensees and the public.

Margaret was also very active with the National Council of State Boards of Nursing. She completed a 3 year Institute of Regulatory Excellence, she was awarded a Fellowship with designation at Fellow of Regulatory Excellence, she chaired committees responsible for national research and board excellence and mentored Executive Directors in Florida, Wisconsin, Vermont and British Columbia. In her spare time, Margaret authored a professional article: *Walker, M. (October –December 2008). Effects of Medication Nursing Assistant Role on Job Satisfaction and Stress in Long Term Care, Nursing Administration Quarterly 32(4) 296-300.*

Thank you, Margaret, for your efforts and strong leadership in maintaining the standards of regulation expected of the NH BON! I wish you well in your current and future endeavors!

You can contact Board Staff on line by clicking on their email address below.

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FROM THE BOARD CHAIR

By Robert Duhaime, MBA, RN



The Nursing Profession is no stranger to change. As part of this change, Social Media is having a large impact on the Nursing Profession. Social Media is a revolutionary way to participate in development and be informed of news, research, evidence-based care that effect Nurses. The issue is not whether the Nursing Profession should embrace Social Media. It is embracing us now and has a role in professional nursing practice. The real question is how Social Media can be used to strengthen the Nursing Profession. Of course there are dangers in using Social Media that result in RNs, LPNs, LNAs and APRNs having to be disciplined and professional when online. As Nurses become more comfortable with Social Media, the need for clarification about appropriate use becomes even more important.

Social Media outlets are a great tool for those who want to learn more and share their knowledge with others. It possesses tremendous opportunities for strengthening professional relationships and providing valuable information to health care consumers. We all need to be aware of the consequences of disclosing inappropriately patient health information via the internet. We need to make ourselves aware of laws, employer's policies and professional standards and principles regarding patient's privacy and confidentiality and its application with Social Media. Emphasis must be placed on the proper use of Social Media and the behaviors and restrictions. Nurses must practice within the high standards of the Nursing Profession. Those who practice with high standards and professionalism can enjoy the benefits of Social Media and maintain their own integrity and that of Nursing as the most trusted profession. As a reference, I direct readers to the National Council of State Board of Nursing and the American Nurses Association websites to review principles guiding the proper use of Social Media (NCSBN.com).

Enjoy the summer!

On-line Licensing-Renewal Reminder

Before you can renew your license on-line you must receive your renewal notice from the Board of Nursing.

Once you receive your renewal notice you can renew your license on the Board website at www.nh.gov/nursing under the Online Licensing tab in the "Quick Links" box on the right hand side of the Home Page.

Before you are able to renew your license you must register on the licensing site. You must obtain a registration code from the Board office prior to being able to register. Once you obtain your registration code you can then register. Registration includes setting up a User ID and Password. This user ID and password must be used each time you renew your license on-line. Be sure to write down your User ID and Password for future reference.

To obtain your registration code:

Email the Board office at boardquestions@nursing.state.nh.us. Provide your full name, license number and date of birth.

Clinical Practice Inquiry

*All practice inquiry questions must be submitted on the **Clinical Practice Inquiry Form** found on the Board website www.nh.gov/nursing under the "Forms" tab.*

HELPFUL HINTS:

When calling the Board office, please be ready to provide your name, license number and remember to have a pen and paper ready to write down the information you may be seeking.

BOARD COMMITTEES**P & E Committee**

Nora Fortin, RN
(Board representative)

Nancy Fredholm, RN

Renee Maynes, RN

Barbara Pascoe, RN

Connie McAllister, APRN, CRNA
Chair

Bonita Kershaw, RN

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Kitty Kidder, APRN,
(Board representative)

Lisa Sullivan, APRN, CRNA
Chair

Joyce Blood, APRN

Dorothy Mullaney, APRN

Margaret Franckhauser, RN

Sean Lyons, APRN

Mary Sanford, APRN

Mary Curran, APRN

All forms submitted must include the clinical significance of the question asked. Prior to sending inquiries to the BON, please review the clinical practice advisories and frequently asked questions to ensure that your question has not been previously answered by the Board. Forms may be mailed, faxed or emailed to the Board office.

Mail:

*NH Board of Nursing
21 South Fruit Street, Suite 16
Concord, NH 03301*

fax: 603-271-6605

email: boardquestions@nursing.state.nh.us

Continued Education – Audit Reminder To assure timely renewal of your license, if selected for audit please provide your continuing education/contact hours documentation on the ***Continuing Education/Contact Hour Audit Form***. Documentation received other than the Audit Form will be returned to the licensee which may cause a delay in license renewal.

If your renewal application and audit forms are not received on or before midnight of your birth date, you will be practicing without a valid license and will have to reinstate your license, and pay an administrative fee if practicing during license lapse.

Continued Education Requirements:

APRN's: 30 contact hours for RN licensure, 30 additional hours specific to APRN specialty, 5 of which shall be pharmacology specific, in 2 years prior to date of renewal. ***RN/LPN's,*** 30 contact hours.

RN/LPN's: 30 contact hours within 2 years prior to date of your renewal application.

LNA's: 12 contact hours for each year (for a total of 24 hours), within 2 years prior to date of your renewal application. (For LNA's who are certified as Medication Nursing Assistant (MNA's), 4 out of the 12 contact hours per year must be related to medication administration.)

Guidelines for Continuing Competence can be found on the Board website www.nh.gov/nursing under the Licensure tab on the Home Page.

Announcement about Kitty Kidder, NH BON Board member, inducted as an AANP Fellow for 2012:***AANP Announces Fellows for 2012***

AUSTIN, TX (April 4) -- The Fellows of the American Academy of Nurse Practitioners (FAANP) recently selected 43 nurse practitioner (NP) leaders for induction to FAANP in June 2012. The new FAANP members will continue the tradition of impacting national and global health through their outstanding contributions.

The American Academy of Nurse Practitioners® (AANP) will honor this year's FAANP inductees at a ceremony, followed by a reception and dinner on Friday, June 22, 2012, during the AANP 27th National Conference at The Peabody Orlando Hotel in Orlando, FL.

AANP established the FAANP program in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to health care through clinical practice, research, education, or policy. Fellows of the AANP are visionaries and, as such, hold an annual think tank to strategize about the future of nurse practitioners and health care. The new Fellows will continue to demonstrate leadership and contribute to the mission of the AANP.

Congrats to Kitty on this prestigious honor!!

Complaint Reporting

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b)). **Reportable violation are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).**

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website www.nh.gov/nursing under Enforcement.

Out of State Applicants and Criminal Background Checks/Fingerprints

Applicants from outside of NH will be sent fingerprint cards and authorization forms. Those applicants are asked to either use law enforcement sites in their respective states or come to NH and use a NH law enforcement site. Please send all fingerprint cards, authorization forms and fees to the Board of Nursing. The board will then send them to the NH State Police for processing.

Please plan early for this process. We have advised that the results could take as long as 2 months in some cases.

You are encouraged to complete live scan fingerprinting. Some live scan sites are located on the Board's website at http://www.nh.gov/nursing/documents/livescan_list.doc

If you do not find a convenient live scan site please call the NH State Police Criminal Records.

Working with an inactive license is a Class A Misdemeanor.

Beginning October 1, 2011 all licensees who have worked with an inactive license will be posted in the Board's quarterly Newsletter. Practicing without a license, including but not limited to the situation where a license has lapsed, is unlawful under New Hampshire law and constitutes a class A misdemeanor. RSA 326-B:41, II; RSA 326-B:41-a. Pursuant to **RSA 326-B:22, II**, "Any person licensed who intends to continue practicing as a nurse or nursing assistant shall: (a) By midnight on his or her date of birth in the renewal year submit a completed application and fees as established by the board." "Failure to renew the license shall result in forfeiture of the ability to practice nursing or nursing activities in the state of New Hampshire." RSA 326-B:22, III.

When a licensee telephones the Board or presents themselves at the Board office and discloses they have worked after the expiration date of their nursing/nursing assistant license they will be required to sign an Agreement and pay all reinstatement fees and fines before they are eligible to return to work. The Agreement states that the document must be shared with the employer.

Should the licensee practice nursing a second time on an inactive license, they will be informed that their action will be reviewed by the Board at its next meeting for Board action. The license will be reinstated pending Board action.

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b)).

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The complaint form and guidelines can be found on Board of Nursing website www.nh.gov/nursing under Enforcement.

Screening for and Reporting Elder Abuse – An Important Nursing Responsibility

Submitted by Diane Langley, Director of the Bureau of Elderly and Adult Services and Member of the Incapacitated Adult Fatality Review Committee

The Incapacitated Adult Fatality Review Committee (IAFRC) was established by New Hampshire statute (RSA 21-M:16) on January 1, 2008. The purpose of the IAFRC is to conduct a full examination of incapacitated adult fatalities through a systemic multidisciplinary review, evaluating practice, policy, data, trends, barriers to safety, gaps in the system and to educate the public, policy makers and budget authorities around recommended change to law, policy, and or practice. I have been a member of this committee since its inception. The work is challenging and focuses on a number of difficult issues. This article focuses on one of those difficult issues, the screening for and reporting of potential elder abuse. Elder abuse is defined by law in RSA 161-F as any action or omission that results in, or could result in harm to a vulnerable adult. New Hampshire law defines six types of abuse: physical, sexual and emotional abuse, neglect, self-neglect, and exploitation. Elder abuse is a growing problem in New Hampshire and is thought to be underreported, with victims being too frightened, ill, or ashamed to tell anyone about their plight. It is often unrecognized.

As leaders and nurses coordinating the care of elderly patients, we are in a key position to detect and report suspected elder abuse. The following signs and

FINGERPRINTING/CRIMINAL BACKGROUND CHECK REMINDERS

1. When completing the fingerprint/criminal background check within New Hampshire, fingerprint cards are **NOT** necessary. “Live Scan” fingerprinting does not require cards unless the fingerprinting is completed out of state, in which case the cards **MUST** be obtained from the Board of Nursing office.
2. The Board of Nursing application fee **DOES NOT** include the fingerprinting/criminal background check fee. Depending upon which way the fingerprinting/criminal background check is complete and the location will determine the fee. Please refer to the Board of Nursing website www.nh.gov/nursing under the “FBI Fingerprinting Requirements” in the section marked “Quick Links” for fee schedule.
3. All criminal background checks **MUST** be notarized.
4. “Live Scan” fingerprinting is encouraged of **ALL** of our applicants, as the rejection rate is much lower.
5. Please remember that most police departments charge a processing fee which varies depending on the location.

**Day of Discussion for Nursing
Friday, June 22, 2012.
8:00 a.m. – 12:00 p.m.**

Registration: 8:00 a.m.
Program begins at 8:30 a.m..

Topics include:

Nurse Discipline and Sanction and the connection with the NH BON presented by Laurel O’Connor, Prosecuting Attorney for the NH BON and Board Member; 60 minutes

Update on State Emergency Preparedness and Role of the Nurse: Curtis Metzger MRC Coordinator with Dept of DHHS 60 minutes

Nurse Delegation and the Medical Assistant Tool Kit presented by Norma Blake, MSN, RN. 60 minutes

Social Media Guideline Handout available at session

symptoms may be an indication of abuse and at the very least warrant further review upon discovery:

- Unexplained bruises, welts or burns
- Fear/anxiety or agitation around certain household members or caregivers
- Changes in appetite or significant weight gain or loss
- Unexplained changes in health status
- Increasing withdrawal or isolation
- Poor personal hygiene
- Wearing of inadequate or inappropriate clothing
- Lack of knowledge about personal finances, sudden inability to pay bills or buy food
- Dependency of adult child/caregiver on the older individual for income and/or shelter

If a nurse suspect’s abuse, they need to see the patient without other household members present to allow for appropriate screening to proceed.

Nurses need to know the important questions to ask their patients to screen for elder abuse. The Hwalek-Senstock Elder Abuse Screening Test (HSEAST)* has 15 questions that nurses may consider asking their patients when screening for potential elder abuse. These questions are:

1. Does someone else make decisions about your life – like how you should live or where you should live?
2. Does someone in your family make you stay in bed or tell you you’re sick when you know you are not?
3. Has anyone forced you to do things you didn’t want to do?
4. Has anyone taken things that belong to you without your OK?
5. Has anyone close to you tried to hurt or harm you recently?
6. Do you have anyone who spends time with you, taking you shopping or to the doctor?
7. Are you sad or lonely often?
8. Can you take your own medication and get around by yourself?
9. Are you helping to support someone?
10. Do you feel uncomfortable with anyone in your family?
11. Do you feel that nobody wants you around?
12. Does anyone in your family drink a lot or use drugs?
13. Do you trust most of the people in your family?
14. Does anyone tell you that you give him or her too much trouble?
15. Do you have enough privacy at home?

A response of “no” to items 6,8,13,and 15 and “yes” to all others leads one to suspect elder abuse.

If a nurse suspects elder abuse, they are **mandated by law** to report it to the N.H. Department of Health and Human Services Bureau of Elderly and Adult Services (BEAS) District Office in their city or town. A nurse can call 1-800-949-0470 to get information on elder abuse and which BEAS District Office to contact.

Nurses have many responsibilities, and feel pulled in many directions. Despite increasing challenges, our primary responsibility is to our patients. If we suspect that one of our elderly patients is vulnerable and suffering abuse, we must act. *(Source: Nelson HD, Nygren P, McInerney Y, Klein J. *Screening Women and Elderly Adults for Family and Intimate Partner Violence: A Review of the Evidence for the U.S. Preventive Services Task Force*. Annals of Internal Medicine 140(5):387-396 (2004). Agency for Healthcare Research and Quality, Rockville, MD.)

New Hampshire Nursing Assistant (NA) Registry

The Omnibus Budget Reconciliation Act of 1987 contained provisions designed to assure delivery of quality care to long-term care facility residents. Federal regulations require each state to establish and maintain a nurse aide registry.

When I verify my new license online, what does “Not Licensed, Registry Only” mean?

“Not Licensed, Registry Only” means that you have been placed on the NH Nursing Assistant (NA) Registry. Licensure is not required to be placed on the NA Registry. Nursing Assistant Licensure will be stated separately with a license number and status.

What is the Nursing Assistant Registry?

The Nursing Assistant (NA) Registry is a list of individuals who have completed training and competency evaluation who the state finds to be competent to function as a nursing assistant. Successful completion of a Board approved nursing assistant program and competency test (state testing) identifies an individual as being competent to function as a nursing assistant.

What information does the Registry hold?

The registry includes the individual's full name, identifying information, the date the individual became eligible for placement on the registry and any finding of abuse, neglect or misappropriation of property by the individual.

Where can I access the NH Nursing Assistant Registry?

The Nursing Assistant Registry can be accessed on the Board of Nursing website: www.nh.gov/nursing. The registry verification link can be found on the homepage. The registry can also be accessed under the License Verification link located in the “Quick Links” box on the right hand side of the homepage.

LNA Corner

by Lori Tetreault, RN-BSN Program Specialist IV

Hello and Welcome Spring!

The start of a new year brings a sense of a new beginning. With the challenges presented to the Board of Nursing in 2011, I would like to thank the nursing assistant community for your support and consideration. The communications received here at the Board office have been beneficial in assisting our focus on maintaining quality and safe practice for the residents of NH.

The annual LNA Day of Discussion will be held on June 18, 2012. The agenda will focus on nursing assistant practice with the opportunity to discuss current practice issues. Registration for this event will be available on the Board website www.nh.gov/nursing on the homepage under the news and announcements on May 14, 2012.

I have received a positive response regarding the LNA continuing education opportunities available online. Programs completed do not need to be submitted to the Board office. Programs should be retained for your personal record if you are subject to audit on renewal. New programs have been added to the website.

It is important that LNA's understand the requirements for continuing competence and maintain the requirements for renewal. LNA's are required to have 12 contact hours for each year (24 total hours), within 2 years prior to the date of renewal application. LNA's who are certified as Medication Nursing Assistants, 4 of the 12 contact hours per year must be related to medication administration. If your license renewal has been selected for audit please submit the information requested on the audit form provided. It is recommended to submit your audits prior to the date your license expires due to the time required for review. If your application and audit is not received in the Board office before midnight of your birth date, you will be practicing without a valid license and will be required to reinstate your license, and pay an administrative fee if practicing after your license has expired.

The Board office continues to experience a high volume of calls. In order to meet consumer needs we ask that you review the Board website www.nh.gov/nursing for answers to questions before calling the Board. Current LNA information can be found under the LNA/MNA tab in the black bar located under the homepage header. The designated LNA phone line is 271-6282. You may also email the Board with questions to Boardquestions@nursing.state.nh.us.

National Nursing Assistants Week June 14-21, 2012



LNA/MNA* Continuing Education Programs offered by the Board.

Visit the website www.nh.gov/nursing

Each program offers 1 contact hour

Pain: The Basics*
 LNA Scope of Practice
 MNA Scope of Practice*
 Delegation
 Teamwork
 Professional Boundaries
 Residents Rights
 Topical Drugs
 Medication Administration Safety*
 Oral Health Care for the Elderly
 Alzheimer's Dementia in the Elderly
 Oxygen Therapy
 Proper Bowel Elimination
 Understanding the Dying Patient
 Nutritional Needs
 Medication Considerations for Elderly* **New**
 Back Safety **New**
 Elder Abuse **New**
 Social Networking

ANNOUNCEMENTS:

Beginning April, 2012 the NH BON newsletter will be published and available on the website twice a year in April and October.

The LPN IV Program, listed on the website will be offering instruction for RN's. Classes should be available beginning Fall, 2012. See Board's website for announcement.

To assist licensees with decisions regarding LNA "Scope of Practice", a decision tree has been developed. This tool can be used by LNA's, nursing assistant educators and nurse supervisors delegating to nursing assistants. This tool can be found on the Board website under the "Practice" tab on the homepage.

Enjoy the newness of spring, take a few minutes of your day to "stop and smell the roses". Thank you for the work you do each day and the dedication you show to those you care for.

LNA REINSTATEMENT Frequently Asked Questions (FAQ's)

Question: What is reinstatement of a license?

Answer: Changing an inactive LNA license into an active LNA license.

Question: Can I complete the process online?

Answer: No, a reinstatement cannot be completed online. You may call the N.H. Board of Nursing (603) 271-6282 for guidance as to how to reinstate your license or you may come into the Board office and we can assist you.

Question: Can I work in N.H. on an expired license until I have time to complete the process?

Answer: NO, you may NOT work in N.H. as an LNA on an expired license. That means you cannot work using your LNA knowledge, judgment and skills and you cannot get paid as a LNA. By working as an LNA and or getting paid as an LNA you will be subjected to administrative fines.

Question: What requirements do I need to meet in order to reinstate my LNA license?

Answer: You must have either: Completed 200 hours working as an LNA under the supervision of an licenses nurse (please be prepared to list his/her FULL name) and completed 24 continuing education hours (12 in each year). Please remember you may be asked to provide proof of your CE. hours.

OR

Have successfully completed the written and clinical competency testing within 2 years immediately prior to the date of your reinstatement application.

Continuing Education Audit Frequently Asked Question (FAQ)

Question:

How do I submit my Continuing Education for Audit?

Answer:

To assure timely renewal of your license, please provide the information requested on the attached Continuing Education/Contact Hours Audit form and return the form, with your renewal, to the Board immediately. **Continuing Education/Contact Hour documentation not submitted on the Audit Form will be returned to you. This may delay renewal of your license.**

Your license will be updated upon receipt of your renewal application and approval of your contact hours

If your renewal application and audit forms are not received, in the Board office, before midnight of your birth date, you will be practicing without a valid license and will have to reinstate your license, and pay an administrative fee if practicing during licensure lapse.

Audit forms can be downloaded on the Board website www.nh.gov/nursing

under the “Forms, Applications & Publications” navigation tab on the homepage.

Audits may be faxed or mailed to the Board office:

**NH Board of Nursing
21 South Fruit Street, Suite 16
Concord, NH 03301**

Fax: (603) 271-6605

**IMPORTANT REMINDERS
FROM THE BOARD OF NURSING
www.state.nh.us/nursing**

PAPER LICENSES ARE NOT PROVIDED

Verify and print license information using the Online Verification Quick Link on the right side of the Home Page.

RENEWAL REMINDER POSTCARDS ARE MAILED 6 WEEKS PRIOR TO MONTH OF RENEWAL

**RENEWALS MAY BE DONE ONLINE OR
RETURN POSTCARD AS DIRECTED TO
OBTAIN A RENEWAL APPLICATION**

Fees are to be sent with renewal applications not with the postcards.

FOR ONLINE RENEWAL – REGISTER AS A FIRST TIME USER BEFORE ATTEMPTING TO RENEW A LICENSE

Follow the instructions on the Online Licensing Quick link on the right side of the Home Page.

CRIMINAL BACKGROUND CHECKS AND FINGERPRINTING IS REQUIRED FOR ALL INITIAL LICENCES AND ENDORSEMENTS

Follow the directions under the Endorsement Link. The processing time may take 4-6 weeks so plan to start the process early. Licensing will not be processed until background checks and fingerprinting results are obtained.

**THE BOARD MUST BE NOTIFIED OF ALL
NAME AND ADDRESS CHANGES**

A \$10 fee may be incurred if address changes are not made within 10 days.
The Board must be notified in writing.

**ACTIVE IN PRACTICE AND CONTINUING EDUCATION REQUIREMENTS INFORMATION
CAN BE FOUND**

ON THE HOME PAGE ON THE WEBSITE
Click the Licensure Link on the left side of the Home Page.

Clinical Practice Advisories: January 2011- January 2012	
Board Advisory Date:	
<p><u>February 17, 2011</u></p> <p>Reconsideration of the December 16, 2010 re: Implantation of insertable cardiac monitors</p>	<p>Question: Is it within the APRN scope of practice to implant insertable cardiac monitors, also called internal loop recorders?</p> <p>Answer: Board consensus that it is within the scope of APRN practice to implant insertable cardiac monitors, as long as the APRN has the documented education, skills and competencies to do so. Additionally there needs to be a facility policy that supports this practice.</p>
<p><u>March 17, 2011</u></p> <p>LNA infusion of tube feedings via a pump (update of board opinion dated Fall 2000)</p> <p>RN scope of practice regarding C-arm</p> <p>RN scope of practice regarding application of neuro-monitoring percutaneous needles and operating neuro-monitoring equipment</p>	<p>Question: Can an LNA administer tube feedings via pump?</p> <p>Answer: Board consensus that it is within the scope of practice of an LNA to administer tube feedings via pump, provided the LNA had the education, skills and documented competencies to do so. Additionally there needs to be a facility policy that supports this practice.</p> <p>Question: Is it within the scope of practice of an RN to compress pedal of C-arm under direct supervision of the provider.</p> <p>Answer: Board consensus that it is not within the scope of practice of an RN to compress the C-arm pedal.</p> <p>Question: Is it within the RN's scope of practice to apply neuro-monitoring percutaneous needles and/or to operate neuro-monitoring equipment during a procedure, in the operating room?</p> <p>Answer: Board consensus that it is not within RN scope of practice to apply neuro-monitoring percutaneous needles, to operate neuro-monitoring equipment, or to interpret signals. It is within the RN scope of practice to push the reset button under the direction of the surgeon.</p>
<p><u>April 21, 2011</u></p> <p>LNA scope of practice to deliver OTC medication in home setting</p> <p>RNFA scope of practice to insert secondary trocars</p>	<p>Question: Would the Board consider an exemption process that could be available unique circumstances in which a law is prohibiting safe delivery of an over-the-counter medication to a minor at home by an LNA?</p> <p>Answer: Board reaffirmed that medication administration is not within the scope of a Licensed Nursing Assistant pursuant to RSA 326-B:14</p> <p>Question: Is it within scope of practice of RNFA to insert secondary trocars under physician supervision during laparoscopic surgery?</p> <p>Answer: Board consensus that it is within the scope of practice for RNFA to insert SECONDARY trocars under physician supervision during laparoscopic surgery provided competencies in Nur 404.12 are met and are within the policies and procedures of institution.</p>
<p><u>May 19, 2011</u></p> <p>RN scope of practice to set up patient's CPAP therapy</p>	<p>Question: Can an RN with appropriate competencies provide education and set up a patient's CPAP therapy?</p> <p>Answer: Board consensus that this procedure is done by respiratory therapists and</p>

<p>LNA scope of practice to perform a urine dip</p>	<p>competent members of the public. The nursing license is not required to perform this function.</p> <p>Question: Is it within the scope of practice of the LNA to perform a urine dip with a Chem Strip and report the findings to a licensed nurse?</p> <p>Answer: Board consensus that the LNA can perform this procedure provided they have competencies and facility policies support the nursing assistant practice.</p>
<p>RN scope of practice to perform a slip lamp exam</p>	<p>Question: With demonstrated competence, is it within the scope of practice for an RN to perform a slit lamp exam including measuring intraocular pressure?</p> <p>Board consensus that it is not within RN scope of practice to perform this procedure. The Board further opines this is within the APRN scope of practice provided they have the competencies to perform the procedure.</p>
<p>RN scope of practice to administer IV “push” bolus doses of NMB’s</p>	<p>Is it within the RN scope of practice to administer IV “push” bolus doses of Neuromuscular blockage agents or paralytics?</p> <p>Board consensus that this is not within the RN scope of practice and refers to the Anesthesia/analgesia administration Frequently Asked Questions located on the Board website at www.state.nh.us/nursing under the FAQ section (section: FAQ includes listings for many roles).</p>
<p>LNA scope of practice to administer suppositories for bowel needs</p>	<p>Question: Is it within LNA scope of practice to administer suppositories for bowel needs?</p> <p>Answer: Board consensus that it is within LNA scope of practice to administer only non-medicated suppositories provided they have the competencies to perform the procedure and facility policies support the nursing assistant practice.</p>
<p>RN scope of practice to use magnetic card to deactivate ICD.</p>	<p>Question: Is it within RN scope of practice to use magnetic card to deactivate implantable cardioverter-defibrillator?</p> <p>Answer: Board consensus that it is within RN scope of practice to use magnetic card to deactivate implantable cardioverter-defibrillator provided competencies and facility policies are met.</p>
<p><u>July 21, 2011</u></p>	
<p>LNA/MNA scope of practice to check for placement of feeding tube</p>	<p>Question: Prior to administration of enteral medication(s) by an MNA and enteral feedings by an LNA/MNA is it within the scope of practice for an LNA/MNA to listen and/or check for placement of feeding tube with proper training and competencies completed?</p> <p>Answer: The Board opined that it is not within the scope of practice for an LNA/MNA to listen or check for placement of the feeding tube prior to the administration of feedings/medications.</p>
<p>RN scope of practice to administer IV “push” bolus doses of NMB’s</p> <p><u>September 15, 2011</u></p> <p>Pharmacy refills</p>	<p>At the Board meeting of July 21, 2011, the Board revisited the question posed at its May 19, 2011 meeting concerning neuromuscular blockade agents. In order to stay consistent with current practice throughout the State, the Board retracts its previous opine on May 19 and June 16 and states that it is within the scope of practice of an RN to administer neuromuscular blockade agents or paralytics as outlined in Clinical Practice Advisories, Frequently Asked Clinical Practice Questions regarding Anesthesia/Analgesia Administration on our website, www.nh.gov/nursing.</p> <p>Question: Can nurses (LPNs/RNs) refill medications based on office practice protocol? If not, can they do if the provider</p>

<p>Wound debridement</p>	<p>Answer: At its September 15, 2011 meeting, the board reaffirms its previous opinion that is not within the licensed nurses practice to refill medications without a physician's order.</p> <p>Question:</p> <p>Is it within the RN scope to perform conservative sharp debridement in a chronic wound if the RN has been trained and certified by WOCN?</p> <p>Answer: At its September 15, 2011 meeting, the board opined it is within the RN scope of practice provided the RN has the competencies to perform and facility policies support the RN practice.</p>
<p><u>November 17, 2011</u></p>	<p>Question:</p> <p>Can an RN extract Cerebral Spinal Fluid from an indwelling catheter hourly?</p> <p>Answer: The board opined at its November 17, 2011 meeting that this procedure is not within the RN scope of practice.</p>
<p><u>December 15, 2011</u></p>	<p>Question:</p> <p>"Can a LNA insert lidocaine jelly 2%?"</p> <p>Answer: The board opined at its December 15, 2011 meeting that this procedure is not within the LNA scope of practice.</p>
<p>January 19, 2012</p> <p>LMAs placed in newborns by RNs.</p>	<p>Question:</p> <p>Is it within the scope of RN practice to place LMA's in newborns</p> <p>Answer: Board opined that placement of LMA's in newborns is not within RN scope of practice</p>
<p>LNA Scope of Practice with use of GS Vibracare persussor</p>	<p>Question:</p> <p>Is it within the LNA scope of practice to use GS Vibracare Persussor?</p> <p>Answer: Board opined that it is not within the scope of LNA practice to use GS Vibracare Persussor.</p>
<p>LNA Scope of Practice: Patient Teaching</p>	<p>Question:</p> <p>Is it within the scope of LNA practice to teach patients?</p> <p>Answer: Board opined that it is not within the scope of LNA practice to teach patients.</p>
<p>Therabath Paraffin Wax treatments within RN/LPN or LNA scope of practice</p>	<p>Question:</p> <p>Is it within the scope of practice for RN's, LPN's and/ LNA's to implement Therabath treatments with Paraffin Wax?</p> <p>Answer: Board opined that Therabath Paraffin Wax treatments may be implemented by RN's only.</p>
<p>LPN Scope of Practice: TB Testing</p>	<p>Question:</p> <p>Is it within the LPN scope of practice to perform TB (Mantoux) testing?</p> <p>Answer: Board opined that it is within LPN scope of practice with training and competency requirements met.</p>

NH BOARD OF NURSING

EDUCATION PROGRAMS: BOARD ACTIONS

<i>Program</i>	<i>Program Coordinator/Chair</i>	<i>Board Action</i>
<i>December 15th, 2011</i>		
ARC-NH West Chapter MNA Program	Charles Nordstrom	Request to be placed on hold-Approved
Alvirne High School LNA Program	Jane Colavito	Continued Approval
Salter School of Nursing and Allied Health LNA Program	Susan Hamilton	Continued Approval
Hugh Gallen Reg Voc Center Littleton High School LNA Program	Gail Minor-Babin	Continued Approval
Health Science Tech LNA Program Berlin High School	Amy Blanchette	Continued Approval
<i>January 19th, 2012</i>		
NHTI – Concord's Community College RN AD Program	Anita Pavlidis	Continued Full Approval
The Salter School of Nursing & Allied Health LPN IV Therapy Course	Joanne Simons	Continued Approval
Colby-Sawyer College Refresher Program	Susan Reeves	Initial Approval upon receipt of requested materials
Med Pro Educational Services MNA Program	Melanie Hill	Continued Approval
<i>February 16th, 2012</i>		
Omnicare MNA Program	Kathy Jordan	Request to Discontinue-Approved
Hearts and Minds LNA Program	Angela Couture	Continued Approval
Salem CTE LNA Program Salem High School	Janine Parent	Continued Approval
<i>March 15th, 2012</i>		
Dartmouth-Hitchcock Medical Center LNA Program	Raeann Hodgson/ Rachel Dow	Request to Discontinue-Approved

DISCIPLINARY ACTIONS

December 2011 through February 2012

At its November 15, 2007 meeting, Board members voted to publish names of individuals involved in disciplinary actions. At its March 20, 2003 meeting, Board members voted reprimands will no longer be posted in the Newsletter. Any questions please call Susan Goodness, Administrative Supervisor, at the Board office, (603) 271-3823.

DATE OF ACTION	LICENSE NUMBER	NAME	BOARD ACTION	ACTION CAUSING DISCIPLINE
12/15/2011	039542-21	Dempsey, Mary	Removed probation and all sanctions	
12/15/2011	061825-21	Gillis (Esty), Roxanne	Suspend 2 yrs & \$750.00 fine	For violating several sections of the Nurse Practice Act including (1) diversion of drugs or controlled substances (2) failure to accurately record controlled medications, and/or (3) exhibited a pattern of behavior that is incompatible with the standards of practice for nurses.
12/15/2011	048675-21	Hill, Rosemary	Denied removal of probation	

12/15/2011	036414-21	Hutton, Faith	Removed probation and all sanctions	
1/19/2012	010484-22	Collinge-Leavitt, Karen	Probation 1 yr. w/restrictions & conditions	Violated NH RSA 326-B:37 (II)(h)(1) "A departure from or failure to conform to nursing standards, including improper management of client records."; and Nur 402.04(b)(10) "Administering therapeutic agents, treatments, or activities, or recording of same, in an inaccurate or negligent manner".
1/19/2012	058541-21	Jordan, Melanie	Suspended 1 yr	Violated NH RSA 326-B:37 (II)(h)(1) "A departure from or failure to conform to nursing standards, including improper management of client records."; RSA 326-B:37 (n) "Division or attempts to divert drugs or controlled substances."; RSA 326-B:37 (p)(1) "Use of any controlled substance or any drug or device or alcohol beverages to an extent or in a manner dangerous and injurious to himself or herself, any other person, or the public, or to the extent that such use may impair his or her ability to conduct with safety to the public the practice of nursing."; Nur 402.04(b)(5) "Misappropriating human or material resources;" and Nur 402.04 (b)(17) "Any pattern of behavior consisting of more than one incident of professional misconduct that is incompatible with the standards of practice."
1/19/2012	047475-21	Thibault, Kimberly	Probation 2 yrs. and \$500.00 monetary penalty	For violating the Nurse Practice Act by diverting medication in violation of RSA 326-B:37, II (n) and/or Nur 402.04(b)(5)
2/16/2012	061785-21	Levesque, Sarah	Probation 2 yrs w/cond & restrictions & Reprimand	Violated NH RSA 326-B:37 (II)(h)(1) "A departure from or failure to conform to nursing standards, including improper management of client records."; RSA 326-B:37 (p)(1) "Use of any controlled substance or any drug or device or alcohol beverages to an extent or in a manner dangerous and injurious to himself or herself, any other person, or the public, or to the extent that such use may impair his or her ability to conduct with safety to the public the practice of nursing."; RSA 326-B:37 (p)(2) "Falsification or making incorrect, inconsistent, or unintelligible entries in any agency, client, or other record pertaining to drugs or controlled substances." Nur 402.04(b)(2) "Leaving an assignment without notifying the appropriate authority, whereby such departure endangers the health, safety, and welfare of those individuals entrusted to the licensee's care."
2/16/2012	002853-22	Stanwood, Margaret	Voluntary Surrender	
2/16/2012	031598-21	Thamm, Brenda	Probation 2 yrs. w/cond & restrictions \$750.00 fine	For violating sections of the Nurse Practice Act including (1) failing to conform to nursing standards for improper management of client records and/or, (2) failing to record or report patient care data in an accurate manner, and (3) engaging in a pattern of behavior incompatible with the standards of practice

2/16/2012	044854-24	Dubreuil, Ann	Suspension 1 yr beginning 12/2011 Probation 2yrs as of December 30, 2012	Violated NH RSA 326-B:37 (II)(h)(1) “A departure from or failure to conform to nursing standards, including improper management of client records.”; RSA 326-B:37 (p)(1) “Use of any controlled substance or any drug or device or alcohol beverages to an extent or in a manner dangerous and injurious to himself or herself, any other person, or the public, or to the extent that such use may impair his or her ability to conduct with safety to the public the practice of nursing.”; Nur 402.04(b)(2) “Leaving an assignment without notifying the appropriate authority, whereby such departure endangers the health, safety, and welfare of those individuals entrusted to the licensee’s care.”
2/16/2012	043641-24	LaClair, Jodi	Revocation	For violating sections of the Nurse Practice Act including using or attempting to use N.L.’s credit card without Ms. L’s knowledge or permission on or about March 23, 26, 28, 31 and April 1, 2009.
2/16/2012	031537-24	Lamontagne, Jasmine	Suspension 2 yrs. w/\$500.00 monetary penalty	For violating sections of the Nurse Practice Act including (1) pleading guilty to possession of a controlled drug and/or, (2) failure to cooperate with a lawful investigation of the Board.
2/16/2012	016715-24	Poland, Bonnie	Suspension 2 yrs w/\$750.00 monetary penalty	For violating sections of the Nurse Practice Act including (1) failing to perform care as a licensed nursing assistant with reasonable skill and safety, and/or (2) practicing as a licensed nursing assistant when she was unable to practice safely as a result of her mental or physical condition, and/or (3) failing to cooperate with a lawful investigation of the Board

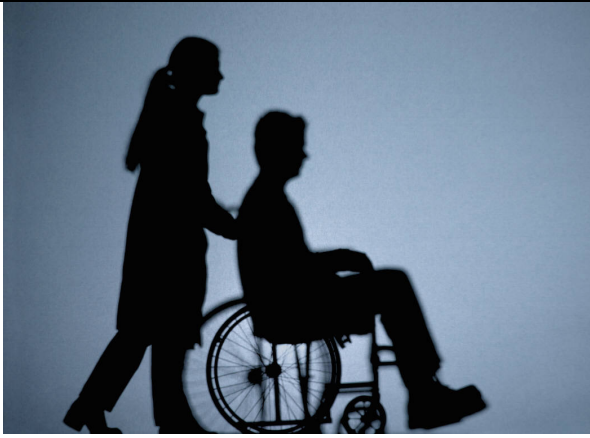
Road to Recovery

The New Hampshire Road to Recovery is designed to assist licensees who are experiencing challenges with drug/ alcohol impairment, physical disabilities, or mental disabilities who continue to safely practice. These individual licensees require monitoring and support for the issues they face. The board supports those individuals in recovery, who maintain a safe practice, provided they are able to successfully conform to the reporting requirements listed in their agreement with the board.

Candidates for the program provide written evidence of their appropriateness for admission to the program. Participant supporting documents are reviewed by the board confidentially. The board determines whether the licensee is a candidate for the Road to Recovery based on facts from the individual, health care provider, and employer. The candidate then agrees to conform to the board requirements.

The board website contains the specific forms participants must complete on a regular basis at www.state.nh.us/nursing under the “Enforcement” as well as the “Forms, Applications, Publications” sections. These forms and guidelines allow the licensee to continue with employment while meeting the stipulations related to safe practice. Professional support groups are also available on the website under the “Quick Link” section of our home page.

Currently, the board has 6 participants who are gainfully employed and succeeding in their professional goals and behaviors. We encourage licensees who are experiencing difficulties related to drug/alcohol impairment or physical/mental disabilities to contact Denise Nies, at the board, if they require the support to adhere to professional practice standards at 271-2323 or 271-6282.



NH Board of Nursing Nurse Day of Discussion

June 22, 2012
8:00 am – 12:00 pm
NH Board of Nursing
Conference Room 100
21 S. Fruit Street, Suite 16
Concord, NH 03301

Schedule

8:00-8:30 Registration and Welcome

8:30-9:30 Nurse Discipline/Sanction

9:30-10:30 Update on State Emergency Preparedness

10:30-10:45 Break

10:45-11:45 Nurse Delegation and Medical Assistant Toolkit

11:45-12:00 Questions/Evaluation

Social Media and Nurses: Recommendations on Use handout available at session.

Speakers

Laurel O'Connor- Investigator/Prosecuting Attorney for NH BON and BON Member

Curtis Metzger-DHHS Emergency Preparedness Coordinator

Norma Blake - former Assistant Director NH BON

Continued Education

3.5 Contact Hours

Directions

Directions to Board of Nursing are posted on our website at: www.state.nh.us/nursing or you may call the office at 603-271-6282.

Registration Deadline:

June 15, 2012

Registration (Please print clearly)

Name:

Employer/Facility Name:

Contact phone and/or email (required):

Title : RN DAY OF DISCUSSION

Registration is limited to 60 participants.

The program is FREE
A light snack will be provided
Bring your own coffee or beverage

Please note:

You will not receive a confirmation notice. Faxed (271-6605) registration forms are accepted. Before registering, please check the Board website at www.state.nh.us/nursing to determine if registrations are still being accepted or if the conference has been filled to capacity.

Presentation topics may be subject to change

On-Line Disclaimer

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